

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Application Number	09/586,601-Conf. #6153
		Filing Date	June 2, 2000
		First Named Inventor	Shuji ONO
		Examiner Name	N. T. Tran
		Art Unit	2622
TOTAL AMOUNT OF PAYMENT		(\$)	790.00
		Attorney Docket No.	3562-0103P

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>02-2448</b> Deposit Account Name: <b>Birch, Stewart, Kolasch &amp; Birch, LLP</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																				
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)													
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)														
Utility	300	150	500	250	200	100														
Design	200	100	100	50	130	65														
Plant	200	100	300	150	160	80														
Reissue	300	150	500	250	600	300														
Provisional	200	100	0	0	0	0														
<b>2. EXCESS CLAIM FEES</b>																				
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							200													
Multiple dependent claims							360													
<table style="width: 100%;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____ x _____ = _____</td> <td>_____</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____ x _____ = _____	_____	<b>Multiple Dependent Claims</b> <table style="width: 100%;"> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	_____	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
_____	_____	_____ x _____ = _____	_____																	
Fee (\$)	Fee Paid (\$)																			
_____	_____																			
<table style="width: 100%;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____ x _____ = _____</td> <td>_____</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____ x _____ = _____	_____						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
_____	_____	_____ x _____ = _____	_____																	
HP = highest number of total claims paid for. If greater than 20 HP = highest number of independent claims paid for. If greater than 3																				
<b>3. APPLICATION SIZE FEE</b>																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)														
_____		_____	_____ / 50 _____ (round up to a whole number) x _____ = _____		_____	_____														
							<b>Fees Paid (\$)</b>													
<b>4. OTHER FEE(S)</b>																				
Non-English Specification, \$130 fee (no small entity discount)																				
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00													

<b>SUBMITTED BY</b>			
Signature		Registration No (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter	Telephone	(703) 205-8000
		Date	December 6, 2006